

**VIRGINIA CONSUMER REAL ESTATE
SETTLEMENT PROTECTION ACT ("CRESPA")
Standard Report of Escrow Accounts Maintained by Title Insurance Agents**

Title Insurance Company/Underwriter _____

Title Insurance Agent/Agency _____

Name of Owner/Principal Officer _____

Agency Address _____

Agency Telephone # _____

Agent/Agency License # _____

Date Analysis Conducted _____

Procedures

In accordance with the guidelines for "Title Insurance Company/Underwriter Analyses of Escrow Accounts Maintained by Title Insurance Agents Pursuant to CRESPA," (Title Insurance Company Name) performed the following procedures:

1. Obtained a listing of all agency bank accounts, including operating and other non-fiduciary accounts. See Schedule A.
2. Obtained a listing of all of the agency's affiliated companies. See Schedule B.
3. Reviewed and tested the agent's 3-way reconciliation(s) (bank statement to book balance to open escrow trial balance) for (*fill in month reviewed*)_____ for all agent escrow accounts.
4. Reviewed 3-way reconciliations, or any other type of bank reconciliation available, for all agent escrow accounts for the three months selected. Determined the timeliness of the preparation of bank reconciliations. Determined management review and approval.
5. Reviewed the agent's (*fill in month reviewed*)_____ trial balance or *applicable schedule* for all escrow accounts for "unusual items" and investigated any such items.
6. Reviewed escrow account bank statements and trial balances for "unusual items" and investigated any such items. *If the agency is retaining interest earned on its escrow accounts, this should be noted in the "Specific Findings."*

7. Reviewed a representative sample of canceled checks and wire transfers, if any, *for both residential and commercial closings*, for "unusual items" as defined in the Guidelines. **(The actual number of canceled checks and wire transfers sampled should be disclosed here, along with an explanation of the number selected.)**

8. Reviewed the clearing of a representative sample of (*fill in month reviewed*) _____ payoffs, proceeds, or other large escrow account checks or wire transfers *for both residential and commercial closings*. Traced payments to underlying source documentation. **(The actual number of payoffs, proceeds, or other large escrow account checks or wire transfers sampled should be disclosed here, along with an explanation of the number selected.)**

9. Reviewed a representative sample of *residential and commercial* files for written *instructions or external support* of the escrow account records. **(The actual number of files sampled should be disclosed here, along with an explanation of the number selected.)**

10. *List all states in which the agent conducts settlements.*

11. *Obtain a current listing of required insurance coverages from the agent/agency. See Schedule C.*

Specific Findings

In accordance with the guidelines for "Title Insurance Company/Underwriter Analyses of Escrow Accounts Maintained by Title Insurance Agents Pursuant to CRESPA," (Title Insurance Company Name) noted the following specific findings during the analysis of (Title Insurance Agent).

This report is intended solely for the use of (Title Insurance Agent) and the Virginia State Corporation Commission Bureau of Insurance and should not be used for any other purpose. *Underwriters are encouraged to review this report with the agency owner/principal prior to submission. Any exceptions noted by the agency owner/principal should be submitted and attached to this report.*

By signing below, I certify that I have performed the procedures above, and have noted the applicable specific findings, and the report is accurate and complete to the best of my knowledge.

Signature of Title Insurance Company Representative

Print Name

Title of Representative

Date of Report

Telephone No.

SCHEDULE A
LISTING OF ALL AGENT AND AGENCY BANK ACCOUNTS

AGENCY NAME: _____

DATE: _____

<i>BANK NAME & TYPE OF ACCT.</i> (Escrow, Operating, etc.)	ACCOUNT NUMBER	BANK ADDRESS	AUTHORIZED CHECK SIGNERS	DATE OF MOST CURRENT RECONCILIATION

I HEREBY CERTIFY THAT THIS IS A COMPLETE AND ACCURATE LISTING OF ALL BANK ACCOUNTS MAINTAINED BY: _____.
(Agent/Agency Name)

Printed Name: _____

Signature: _____

Job Title: _____

Date: _____

SCHEDULE B
LISTING OF AFFILIATED COMPANIES OF THE AGENT AND AGENCY

AGENCY NAME: _____

DATE: _____

COMPANY	AFFILIATION	TYPE OF BUSINESS TRANSACTED WITH AGENCY, IF ANY

I HEREBY CERTIFY THAT THIS IS A COMPLETE AND ACCURATE LISTING OF ALL AFFILIATED COMPANIES OF: _____
(Agent/Agency Name)

Printed Name: _____

Signature: _____

Job Title: _____

Date: _____

SCHEDULE C
Current listing of insurance coverages as required in 14 VAC 5-395-40

Agency/Agent Name: _____

Named Insured: _____

Errors & Omissions Insurance Policy/Malpractice Policy

Company/Insurer Name: _____

Policy Number: _____

Policy Limits per occurrence/claim: _____

Effective/Expiration Dates: _____

Blanket Fidelity Bond/Employee Dishonest Insurance Policy

Company/Insurer Name: _____

Policy Number: _____

Policy Limits per occurrence/claim: _____

Effective/Expiration Dates: _____

Waiver of Blanket Fidelity Bond/Employee Dishonesty Insurance Policy

I, _____, certify that I/we have no employees other than the owners, partners, shareholders or members.

I hereby that certify the above provided information is a complete and accurate listing of my required insurance information, and I understand that this insurance must be maintained for as long as settlements are conducted by the licensed and registered Title Settlement Agent/Agency. Additionally, I understand that I may be required to provide copies of all insurance policies upon request by the Bureau of Insurance.

Signature of Officer, Director, Owner or Title Settlement Agent

Date: _____

Printed Name: _____

Job Title: _____